

ADVISOR INFORMATION

If you were introduced to the Partnership or iCapital Network by a Financial Advisor, your Financial Advisor will be copied on all communications related to your investment in the Partnership.

☐ Please provide my Advisor with access to all correspondence from the Partnership.

My Advisor is: _____

Name of Firm: _____

Name of Representative: _____

Email address of Representative: _____

☐ Please send all correspondence from the Partnership exclusively to my Advisor listed above. Please note that certain correspondence will still be sent to the Investor as required by law.

INVESTOR CONTACT INFORMATION

Please complete the following information for each additional individual who will receive notices and other communications from the Partnership or the General Partner.

☐ Yes, please copy the following individuals on correspondence from the Partnership with respect to my investment

☐ No, do not copy any additional individuals on correspondence from the Partnership with respect to my investment

Name: _____

Relationship to Investor: _____

Email: _____

Phone: _____

Name: _____

Relationship to Investor: _____

Email: _____

Phone: _____

PROPRIETARY AND CONFIDENTIAL